

Screening Questionnaire

Dear Prospective Participant,

Print out this document. Complete the information requested. Return the completed form via campus mail (MC-482) or regular US mail.

You are being asked to provide information about your age, medical and health issues, and smoking behavior in order to determine if you are eligible to participate in a research study titled "Effects of smoking/nicotine on the auditory middle latency response (AMLR) in older individuals". This study is being conducted by:

Ishara Ramkissoon, M.A., CCC-A
Doctoral Student

and

Ron D. Chambers, Ph.D.
Dissertation Adviser

Department of Speech and Hearing Science
University of Illinois
901 S. Sixth Street, Champaign, IL 61820

E-mail: ramkisso@students.uiuc.edu

Phone: 217- 244-7616 (office)

You will be contacted after we review the information you provided so that we can inform you of your possible eligibility to participate. Thus, we would like your contact details. However, your name, telephone number, and E-mail address will be completely confidential. This statement of confidentiality extends to the information you provided on the questionnaire. Furthermore, your name will *not* be used in the presentation of the research.

Name: _____

Mailing address: _____

E-mail address: _____

Telephone number: _____

Best times to contact you: _____

1. Your gender: _____ Male _____ Female

2. Your Date of Birth (month/day/year): _____

Age: _____

3. Do you have any hearing or communication difficulties? _____ No _____ Yes

4. Do you have any of the following health problems?

(Please ask if more information is needed to clarify any of the terms below)

Mental illness _____ No _____ Yes

Neurological disease _____ No _____ Yes Name: _____

Alcohol dependency _____ No _____ Yes

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5. Do you currently take any prescribed drugs or medications? _____ No _____ Yes
If yes, name them and give purpose:

6. Do you currently use any non-prescribed drugs? _____ No _____ Yes

7. Do you currently smoke cigarettes? _____ No _____ Yes

8. Do you currently use any other tobacco products? _____ No _____ Yes

If yes, name them: _____

9. Have you been exposed to extensive passive smoking? _____ No _____ Yes

10. If you do not smoke now, have you smoked in the past? _____ No _____ Yes

If yes, when was the last time you smoked? _____

11. Current Smokers:

- a) How long have you been smoking? _____ Years _____ months

- b) How soon after you wake up do you smoke your first cigarette?

_____ 0-5 minutes

_____ 6-30 minutes

_____ 31-60 minutes

_____ after 60 minutes

- c) How many cigarettes do you smoke per day?

_____ 10 or less

_____ 11-20

_____ 21-30

_____ 31 or more

12. Nicotine analysis:

For this study, participants must provide a urine sample to confirm nicotine level (if any) in the body. Would you be willing to provide a urine sample similar to the procedure at a doctor's office? _____ No _____ Yes